



REGISTRATION FORM

27th Conference on Aging & Stockpile Stewardship (CASS)

September 26 – September 28, 2006

Los Alamos National Laboratory, Los Alamos NM, USA

Name: (Last, First, Middle) _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country Code: _____ Phone Number: _____ Fax: _____

E-mail: _____

CONFERENCE COSTS

(Includes general Conference expenses, refreshments, and conference banquet) Registration fee: **\$50.00**

PLEASE INDICATE PARTICIPATION

Registration fee \$50.00 on or before September 14, 2006 ☐

On-Site Registration Available ☐

Banquet, Wednesday, September 27, 2006, at the La Fonda Hotel ☐ Yes ☐ No

Guest Banquet Ticket \$ 50 ☐ Yes ☐ No

PAYMENT

Make checks payable in US dollars to: Los Alamos National Laboratory CASS/06. Credit cards will be accepted (**Visa or MasterCard only**). Your credit card will be processed 1-2 weeks prior to the conference. You will receive a receipt at the workshop registration desk.

Credit card type: _____ Card Number: _____

Company Credit Card: _____ Personal Credit Card: _____

Expiration date: _____ Signature: _____

LANL participants: Please provide the following information (**do not** request a travel check for this fee):

_____	/	_____	/	_____	/	_____
Cost Code		Program Code		Cost Account		Work Package

COMPLETE AND RETURN THIS SIGNED FORM TO:

Quella Rios
Los Alamos National Laboratory
Protocol Office, (U9VU)
P.O. Box 1663, MS P366
Los Alamos, NM 87545

Phone: (505) 667-6574
Fax: (505) 606-2397
E-mail: quellar@lanl.gov

TOTAL PAYMENT: \$ _____

CLEARANCE INFORMATION: Please review thoroughly and provide all the required information

- ☐ I have a DOE Standard Badge with a Q clearance and Sigmas 1-10 issued by a weapons facility.
- ☐ I have a DOE badge that was NOT issued by a weapons facility. (Complete information below and have Sigmas passed through DOE HQ, Germantown.)
- ☐ I have a DOE site-specific badge with SRD, Sigmas 1-10 for a location other than LANL and will require a visitor badge. (Complete visitor badge information below.)
- ☐ I have a DoD S/CNWDI, or other, clearance and will require a visitor badge. (Complete visitor badge information below and have clearances passed through DOE HQ, Germantown.)

Security Officer's Name: _____ Security Phone
Number: _____

- ☐ A completed form 5631.20 has been sent to Germantown to pass clearances or to assign Sigmas 1-10

Citizenship: _____ Social Security Number: _____
****If you do not wish to send your SSN by fax or e-mail, please call Quella Rios with the information****

Place of Birth: _____ Date of Birth: Month _____ Day _____ year _____

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